



DP-153-ES  
Medicaid Enhancement  
Tax Payment  
Nonbinding Estimate



INSTRUCTIONS

**Who Must File**

Hospitals as defined in RSA 84-A:1, III, are required to file a nonbinding estimate of its projected tax payment.

**When to File**

Hospitals must file the nonbinding estimate on or before January 15th in the taxable period.

**Where to File**

File the completed Form by mail to:

NH DRA  
ADMINISTRATION UNIT  
PO BOX 637  
CONCORD, NH 03302-0637

Or by overnight delivery to:

NH DRA  
ADMINISTRATION UNIT  
109 PLEASANT ST  
CONCORD NH 03301

**Need Help? Call the Department for assistance at (603) 230-5012, Monday through Friday, between 8:00am - 4:30pm.**

DO NOT CUT

Tax Period Begin Date           Tax Period End Date

Name of Hospital  Taxpayer Identification Number

Number & Street Address

Address (continued)

City / Town  State  Zip Code + 4 (or Canadian Postal Code)

Projected Medicaid Enhancement Tax Payment  
(To be paid on or before April 15, 2020)